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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/717,216	11/19/2003	Katsuhiko Imai	483/9-1876	6036
²⁸¹⁴⁷ WILLIAM J. S.	7590 02/07/200 APON E	8	EXAMINER	
	DOL SAPONE P.C.		A, PHI DIEU TRAN	
714 COLORADO AVENUE BRIDGE PORT, CT 06605			ART UNIT	PAPER NUMBER
			3633	
			MAIL DATE	DELIVERY MODE
			02/07/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intensions Summans	10/717,216	7,216 IMAI, KATSUHIKO	
Interview Summary	Examiner	Art Unit	
	PHI D. A	3633	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>PHI D. A</u> .	(3)		
(2) <u>WILLIAM SAPONE</u> .	(4)		
Date of Interview: <u>16 January 2008</u> .			
Type: a)☐ Telephonic b)☐ Video Conference c)☐ Personal [copy given to: 1)☐ applicant 2	2)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f)⊠ was reached. g) was not reached. h) N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <i>ATTORNEY CONFIRMS</i> (A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached. THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERLE A STATEMENT OF THE SUBSTANCE OF THE INTERPUTEMENTS on reverse side or on attached sheet.	ments which the examiner agopy of the amendments that was.) CTION MUST INCLUDE THE last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	FILED. reed would render the rould render the substance of been filed, APP of DAYS FROM TWHICHEVER IS	er the claims claims OF THE LICANT IS 'HIS LATER, TO
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	

Application No.

Applicant(s)